

# **Arizona Department of Agriculture**

## **Agricultural Consultation and Training**



### **SPECIALTY CROP BLOCK GRANT PROGRAM – FARM BILL (SCBGP-FB)**

### **POST-AWARD WORKSHOP**

#### **REPORTING REQUIREMENTS**

**LISA A. JAMES**  
**GRANT PROGRAM MANAGER**

**ASHLEY WORTHINGTON**  
**GRANT PROGRAM SPECIALIST**

# Today's topics



- Changes due to AMS Site-Visit
- Grant Award Agreements
- Reporting requirements
- Reporting processes

# SCBGP-FB Agreements



| SCBGP-FB<br>CYCLE | AMS AGREEMENT<br>EXPIRATION DATE | PROGRAM<br>COORDINATOR |
|-------------------|----------------------------------|------------------------|
| SCBGP-FB10        | 9/30/2013                        | Lisa                   |
| SCBGP-FB11        | 9/29/2014                        | Ashley                 |
| SCBGP-FB12        | 9/29/2015                        | Ashley                 |

# Grant (Sub) Award Agreements



**SIGNATURE (COVER) PAGE**

**GENERAL REQUIREMENTS**

**SCOPE OF WORK - PROJECT SPECIFIC**

**CHANGES**

**AMENDMENTS**

# Signature (Cover) Page



- Project Title
- Grant Award Amount
- Agreement Execution Date
- Termination Date
- Signatures

ARIZONA DEPARTMENT OF AGRICULTURE  
SPECIALTY CROP BLOCK GRANT PROGRAM  
GRANT AWARD AGREEMENT

GRANT NO. SCBGP-FB12-XX

Page 1 of 21

**COVER PAGE**

|   |                      |                      |             |
|---|----------------------|----------------------|-------------|
| <b>Project Title:</b>   |                      |                      |             |
| <b>Specialty Crop Block Grant Award Amount:</b>   | <b>Project Type:</b> | <b>Education</b>     |             |
|   |                      | <b>Marketing</b>     |             |
|   |                      | <b>Research</b>      |             |
| <b>This Agreement shall become effective:</b> Upon the date it is executed by both parties.   |                      |                      |             |
| <b>Termination Date:</b>  |                      |                      |             |
| <b>TERMS OF AGREEMENT</b>   |                      |                      |             |
| <p>This Grant Award Agreement is entered into by <b>The Arizona Board of Regents University of Arizona (GRANTEE)</b> and the <b>ARIZONA DEPARTMENT OF AGRICULTURE (ADA)</b>, through its Director, in accordance with A.R.S. § 41-2701 <i>et seq.</i> The parties agree to fulfill the terms and conditions of this Grant Award Agreement and to abide by all contractual and regulatory obligations governing the expenditure of SCBGP-FB funds.</p> <p>These funds are made available by the 2012 Specialty Crop Block Grant Program – Farm Bill, number 10.170, through agreement #12-25-B-1447 between the United States Department of Agriculture – Agricultural Marketing Service and the ADA.</p> <p>This Grant Award Agreement shall constitute the entire agreement between the parties, superseding any and all other oral or written understandings.</p> |                      |                      |             |
| The parties hereto agree to carry out the provisions of this Grant Award Agreement.   |                      |                      |             |
| <b>GRANTEE</b>  |                      | <b>ADA</b>           |             |
|   |                      |                      |             |
| <b>Signature of Authorized Signer</b>   | <b>Date</b>          | <b>Signature</b>     | <b>Date</b> |
|   |                      | Donald Butler        |             |
| <b>Printed Name</b>   |                      | <b>Printed Name</b>  |             |
|   |                      | Director             |             |
| <b>Printed Title</b>  |                      | <b>Printed Title</b> |             |

# Provisions



- It is important that you read and understand all of the provisions of your agreement.
- We will only highlight some of them.

ARIZONA DEPARTMENT OF AGRICULTURE  
SPECIALTY CROP BLOCK GRANT PROGRAM  
GRANT AWARD AGREEMENT

GRANT NO. SCBGP-FB12-XX

Page 1 of 1

GRANT AWARD AGREEMENT RECEIPT

|  |             |
|--|-------------|
| <b>Project Title:</b>  |             |
| <b>Specialty Crop Block Grant Award Amount:</b>  |             |
| <b>This Agreement shall become effective:</b> Upon the date it is executed by both parties.  |             |
| <b>Termination Date:</b> September 30, 2013  |             |
| Reporting Schedule:<br><br>Quarterly Reports due: January 31 <sup>st</sup> , April 30 <sup>th</sup> , July 31 <sup>st</sup> and October 31 <sup>st</sup> each year.<br>Final Performance Report due November 14, 2013. |             |
| The undersigned has received a copy of the Grant Award Agreement for the above referenced project.   |             |
| <b>GRANTEE REPRESENTATIVE</b>  |             |
|  |             |
| <b>Signature</b>   | <b>Date</b> |
| <b>Printed Name</b>  |             |
| <b>Printed Title</b>   |             |



# Provisions (page #s may vary)



- General Requirements – Page 4
  - This Agreement shall be governed by and construed in accordance with the laws of the State of Arizona.
  - The Grantee shall obtain and maintain all licenses, permits, and authorizations necessary to perform its obligations under this Agreement. The Grantee is responsible for compliance with all applicable local, state, and federal laws.

# Provisions (page #s may vary)



- General Requirements (Cont'd) – Page 4
  - The Grantee shall comply with:
    - the [Specialty Crop Competitiveness Act of 2004 of Public Law 108-465](#) as [amended](#) (7 U.S.C. § 1621 note);
    - specialty crop block grant program regulations at 7 C.F.R. Parts [1290](#) and [1291](#);
    - uniform federal grant regulations at 7 C.F.R. Parts [3015](#), [3016](#) and [3019](#);
    - OMB Circular [A-133](#), audit requirements at 7 C.F.R. Part [3052](#);
    - and excluded and disqualified participant requirements at [2 C.F.R. Part 180, subpart C](#).

# Provisions (page #s may vary)



- General Requirements (Cont'd) – Page 4

- The Grantee shall comply, **as applicable**, with:

State and Local Governments, Colleges and Universities

- federal cost principles at [2 C.F.R. Part 220](#) (OMB Circular A-21) and [2 C.F.R. Part 225](#) (OMB Circular A-87);

Non-Profit Entities

- federal cost principles at [2 C.F.R. Part 225](#) (OMB Circular A-87) and [2 C.F.R. Part 230](#) (OMB Circular A-122);

# Provisions (page #s may vary)



- **Audit of Records (Records Retention) – Page 5**
  - State and Local Governments and Universities – 3 years from expiration date
  - Non-profits and private entities – 5 years from expiration date
- **Project Period – Page 6**
  - Execution Date is date of last signature (usually the Director's)
  - Expiration Date as indicated in the agreement (based on proposed timeline)
  - Expenses must be incurred within the project period
- **Payments – Page 8**
  - **Reimbursement requests must include supporting documentation**
  - Payments are conditioned upon receipt of documentation and approval by the Program Coordinator
  - Payments may be adjusted or withheld until deliverables are satisfied

# Provisions (page #s may vary)



- Unspent Funds – Page 8
  - Must notify ADA of potential unspent funds as soon as possible
  - No later than 60 days prior to expiration date
  - **Future agreements may be limited to two years with limited no-cost extensions**
  
- Amendments – Page 9
  - Changes requiring amendments
  - **Future amendments for no-cost extensions will be limited**

# Scope of Work (begins on page 12)



- Contact Information
- Prior Approval Requirements
- Deliverables
- Project Summary
- Project Budget
- Work Plan
- Expected Measurable Outcomes



# Changes Requiring Notification



- Absence or change in Key Personnel or Leadership change for a period of more than 3 months
- Significant changes to the Scope of Work for the project
- When extension of time in project period is necessary
  - subject to limitations
- When funds are reallocated within the most recent approved project budget
- Send an email to the Program Coordinator

# Changes Requiring Amendments



- Any change in Scope of Work that affects the expiration date and/or the Expected Measurable Outcomes
- Any change in the project budget that cumulatively exceeds **20%** of the original project budget



# Amendments



- Change in Scope of Work or Budget:  
Submit in writing (via e-mail) using the Agreement Amendment form:  
Description of the change  
Justification for the change  
Signature
- Extension of Grant Agreement (subject to limitations):  
Submit in writing (via e-mail) using the Agreement Amendment form  
no later than 60 days prior to the award expiration date:  
Length of additional time required with justification  
Summary of progress to date  
Estimate of remaining funds  
Projected timetable for completion  
Signature

# Amendments



- Non-Profits will submit form directly to Program Coordinator
- Universities will submit form through Sponsored Projects
- Amendment is executed upon both signatures

**ARIZONA DEPARTMENT OF AGRICULTURE  
SPECIALTY CROP BLOCK GRANT PROGRAM  
GRANT AWARD AGREEMENT  
AMENDMENT**



Arizona Department of Agriculture  
Specialty Crop Block Grant Program  
1688 W. Adams St.  
Phoenix, AZ 85007

SCBGP Grant No. \_\_\_\_\_

Grantee Name: \_\_\_\_\_

AMENDMENT NO. \_\_\_\_\_

Project Title:

Identify the applicable section(s) of the contract that needs to be amended. Describe, in detail, the proposed changes to the contract and provide an explanation for the need for the requested amendment. (Additional pages may be attached if needed).

| GRANTEE                            |      | DEPARTMENT                         |      |
|------------------------------------|------|------------------------------------|------|
|                                    |      |                                    |      |
| Signature of Authorized Individual | Date | Signature of Authorized Individual | Date |
|                                    |      | Donald Butler                      |      |
| Typed Name                         |      | Typed Name                         |      |
|                                    |      | Director                           |      |
| Typed Title                        |      | Typed Title                        |      |

# Reporting Requirements



**QUARTERLY REPORTS**

**REIMBURSEMENT REQUEST**

**FINAL PERFORMANCE REPORT**

**REPORT IDENTIFICATION**

# Quarterly Reporting



- **Budget Report – Appendix A**
  - shall be accompanied by reasonable assurance (documentation, receipts, invoices, etc.) that the goods and services for which payment is requested were actually received and performed
- **Signed Activity Report – Appendix B**
  - For salaries and benefits charged to the grant
- **Narrative Report – Appendix C**

# Budget Report – Appendix A



Arizona Department Of Agriculture  
Specialty Crop Block Grant Program  
SCBGP-FB12-XX

APPENDIX A

Quarterly Budget Report - (DATE)

| Budget Category  | SCBGP<br>Budget | Quarterly<br>Expenses<br>Oct. - Dec. 2011 | Quarterly<br>Expenses<br>Jan. - Mar. 2012 | Quarterly<br>Expenses<br>Apr. - June 2012 | Quarterly<br>Expenses<br>July - Sept. 2012 | Cummulative<br>Expenses | Budget<br>Remaining |
|--|-----------------|---|---|---|--|-------------------------|---------------------|
| <b>Personnel Expenses</b>                                |                 |   |   |   |  |                         |                     |
| (Enter position title here)                              | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter position title here)                              | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| <b>Personnel Total</b>                                   | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |
| <b>Employee Related Expenses (Fringe Benefits)</b>       |                 |   |   |   |  |                         |                     |
| (Enter position title here)                              | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter position title here)                              | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| <b>ERE Total</b>   | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |
| <b>Travel</b>  |                 |   |   |   |  |                         |                     |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| <b>Travel Total</b>                                      | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |
| <b>Supplies</b>  |                 |   |   |   |  |                         |                     |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| <b>SuppliesTotal</b>                                     | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |
| <b>Professional &amp; Outside Services (Contractual)</b> |                 |   |   |   |  |                         |                     |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| <b>P&amp;O Total</b>                                     | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |
| <b>Other Operating Expenses</b>                          |                 |   |   |   |  |                         |                     |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| (Enter description here)                                 | 0.00            | 0.00                                      | 0.00                                      | 0.00                                      | 0.00                                       | 0.00                    | 0.00                |
| <b>OOE Total</b>   | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |
| <b>TOTALS</b>  | <b>0.00</b>     | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                               | <b>0.00</b>                                | <b>0.00</b>             | <b>0.00</b>         |

Revised 12/28/2012

# Budget Changes



- Obtain pre-approval from the Program Coordinator before any funds are reallocated within the most recent approved project budget.
- Amend agreement if cumulative budget change(s) exceed **20%** of the project's original total budget.

# Budget Change Approval



Arizona Department Of Agriculture  
Specialty Crop Block Grant Program  
SCBGP-FB12-XX

Budget Change Approval Form

| Budget Category  | Original<br>SCBGP<br>Budget | Change<br>as of:<br>Insert Date | Change<br>as of:<br>Insert Date | Change<br>as of:<br>Insert Date | Change<br>as of:<br>Insert Date | Cumulative<br>Changes | Budget<br>Adjustments | Revised<br>SCBGP<br>Budget |
|--|-----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------|-----------------------|----------------------------|
| <b>Personnel Expenses</b>                                |                             |                                 |                                 |                                 |                                 |                       |                       |                            |
| (Enter position title here)                              | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter position title here)                              | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| <b>Personnel Total</b>                                   | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>Employee Related Expenses (Fringe Benefits)</b>       |                             |                                 |                                 |                                 |                                 |                       |                       |                            |
| (Enter position title here)                              | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter position title here)                              | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| <b>ERE Total</b>   | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>Travel</b>  |                             |                                 |                                 |                                 |                                 |                       |                       |                            |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| <b>Travel Total</b>                                      | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>Supplies</b>  |                             |                                 |                                 |                                 |                                 |                       |                       |                            |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| <b>SuppliesTotal</b>                                     | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>Professional &amp; Outside Services (Contractual)</b> |                             |                                 |                                 |                                 |                                 |                       |                       |                            |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| <b>P&amp;O Total</b>                                     | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>Other Operating Expenses</b>                          |                             |                                 |                                 |                                 |                                 |                       |                       |                            |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| (Enter description here)                                 | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  |                       | 0.00                       |
| <b>OOE Total</b>   | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>TOTALS</b>  | 0.00                        | 0.00                            | 0.00                            | 0.00                            | 0.00                            | 0.00                  | 0.00                  | 0.00                       |
| <b>20% of Original Budget</b>                            |                             |                                 |                                 |                                 |                                 | 0.00                  |                       |                            |

Approved by Program Coordinator

Date

Amendment Required

YES

NO



# Allowable Costs



- State and Local Governments and Indian Tribal Governments - [2 CFR 225](#) (OMB Circular A-87).
  - Applies to all
- Colleges and Universities - [2 CFR 220](#) (OMB Circular A-21).
- Non-Profits - [2 CFR 230](#) (OMB Circular A-122).
- For Profits - [48 CFR Part 31.2](#).

# Exclusions



- No administration/indirect costs may be allotted to the projects.
- Travel expenses associated with the project shall follow the Arizona State Travel Policy as outlined in Section II-D of the State of Arizona Accounting Manual, which can be viewed at <http://www.gao.az.gov/publications/SAAM/default.asp>.
  - NOT FEDERAL TRAVEL POLICIES
- Funding cannot be utilized for meals, with the exception of the actual cost of meals (not exceeding State rates) consumed during periods of official travel.
- Grant funds may not be used to fund political activities in accordance with provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7326).

# Salaries and Wages



- Comply with [2 CFR Part 225](#), Appendix B, 8
- Based on documented payrolls
  - kept in grantee's files for review by the Grant Program Coordinator and Federal Agency
- Employees who work solely on grant must:
  - support their salaries and wages with a signed "certification" at least semiannually
- Employees who work on multiple activities must support their salaries and wages with activity reports that:
  - include after-the-fact reporting of actual distribution of activities
  - account for total (salary and ERE) of the employee's compensated activities
  - include the employee's signature
  - prepared at least monthly and coincide with one or more pay periods

# Activity Report– Appendix B



**Specialty Crop Block Grant Program  
Quarterly Activity Report  
SCBGP-FB12-XX  
XXX 2013 thru XXX 2013**

**APPENDIX B**

| Month   | (Enter Employee Name)   | Hours       |
|---|---|-------------|
|   |   |             |
|   |   |             |
| (Enter Month)   | (Enter a general (broad) description of activities for the month) |             |
|   |   |             |
| (Enter Month)   | (Enter a general (broad) description of activities for the month) |             |
|   |   |             |
| (Enter Month)   | (Enter a general (broad) description of activities for the month) |             |
|   |   |             |
|   |   |             |
|   |   |             |
| <b>Total Hours</b>                                      |   | <b>0</b>    |
|   |   |             |
| <b>Total Amount Compensated - equals salary and ERE</b> |   | <b>\$ -</b> |

Please Certify that these hours were for the Specialty Crop Block Grant Program only

\_\_\_\_\_  
Signature of Employee (Please print this form and sign)

\_\_\_\_\_  
Date

# Narrative Report– Appendix C



APPENDIX C

Arizona Department of Agriculture  
Specialty Crop Block Grant Program (SCBGP)  
FFY 2012 Quarterly Report  
Grant Award Agreement #SCBGP-FB11-XX

## **Project Title**

(Enter project title here)

## **Activities Performed**

- ☐ Briefly summarize activities performed, targets, and/or performance goals achieved during the reporting period. Whenever possible, describe the work accomplished in both quantitative and qualitative terms. Include the significant results, accomplishments, conclusions and recommendations. Include favorable or unusual developments.
- ☐ Provide a comparison of actual accomplishments with the goals established for the reporting period.
- ☐ Present the significant contributions and role of project partners in the project.
- ☐ Clearly convey progress toward achieving outcomes by illustrating baseline data that has been gathered to date and showing the progress toward achieving set targets.
- ☐ If a target of a project has already been achieved, it is encouraged to amend the outcome measure. This permits the project staff to “stretch” the goals in order to go beyond what they are already doing.
  - a. First Quarter (Oct. 2011 – Dec. 2011) Activities:
    -
  - b. Second Quarter (Jan. 2012 – Mar. 2012) Activities:
    -
  - c. Third Quarter (Apr. 2012 – June 2012) Activities:
    -
  - d. Fourth Quarter (July 2012 – Sept. 2012) Activities:
    -

## **Problems and Delays**

- ☐ Note unexpected delays, impediments, and challenges that have been confronted in order to complete the goals for each project. Explain why these changes took place.
- ☐ Mention the actions that were taken in order to address these delays, impediments, and challenges.
- ☐ Review measurable outcomes to determine if targets are realistic and attainable. An objective that is too stringent should be scaled back and identified in the performance report. Keep in mind that targets may slip due to all kinds of factors, such as employee turn-over and bad weather.
- ☐ In the event that the work plan timeline, expected measurable outcomes, budget, and/or methodology needs to be adjusted, provide an outline of those changes.

# Quarterly Reporting Schedule



## **Reporting Periods**

October 1 – December 31

January 1 – March 31

April 1 – June 30

July 1 – September 30

## **Report Due on or before**

January 31

April 30

July 31

October 31

**Failure to submit timely reports may result in the forfeiture of payment for that quarter.**

# Reimbursement Requests



- May be submitted with each quarterly report or less frequently if no expenses have been incurred.
- Must obtain pre-approval from the Program Coordinator before any funds are reallocated within the most recent approved project budget.
- Universities do not complete reimbursement requests. Invoices and documentation is submitted by Sponsored Projects.

## REIMBURSEMENT REQUEST



Arizona Department of Agriculture  
Specialty Crop Block Grant Program  
1688 W. Adams St.  
Phoenix, AZ 85007

SCBGP Grant No. \_\_\_\_\_

Grantee Name: \_\_\_\_\_

☐ Quarterly Report    ☐ Annual Report

☐ Final Report    ☐ Other

Time Period (mo/year): From \_\_\_\_\_ To \_\_\_\_\_

Project Title:

Identify Completed Tasks:

Total \$ for time period: \_\_\_\_\_

Grantee Certification:

I certify that this report and supporting documentation has been examined by me, and to the best of my knowledge and belief, the reported expenditures are actual and valid, based upon our official accounting records (books of accounts) and are consistent with the terms of the Grant Agreement.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Program Coordinator Certification:

☐ Performance and documentation satisfactory for payment

☐ No payment due.

Comments:

Purchase Order No. \_\_\_\_\_

FY \_\_\_\_\_ Index \_\_\_\_\_

\_\_\_\_\_  
Program Coordinator Signature / Date



# Final Performance Reports



- A final report must be submitted to the Program Coordinator no later than forty five (45) calendar days after the Agreement termination date.
- The final report must be approved by the Program Coordinator and AMS.
- ADA will not disburse final payment until all requirements of the Agreement have been fulfilled.
- All remaining grant funds or outstanding grant funds must be reconciled.
- The final narrative report shall address all points listed in Appendix E “Final Performance Reporting Requirements.”

**Failure to submit timely final reports may result in the forfeiture of final payment.**

# Report Identification



- Identify the Agreement number in all reports submitted to the Program Coordinator.
- The Grantee shall include the following language in all EXTERNAL reports prepared for this Agreement and in any publication generated with the financial support of the Arizona Department of Agriculture:
  - “ The Arizona Department of Agriculture, Agricultural Consultation and Training has funded all or a portion of this Project, using Specialty Crop Block Grant funds provided by the USDA, Agricultural Marketing Service.”
  - "The views or findings presented are the Grantee's and do not necessarily represent those of the State or the Arizona Department of Agriculture."

# Reporting Processes



**UNIVERSITY PROCESS**

**NON-PROFIT OR PRIVATE ENTITY PROCESS**

**REPORT SUBMISSION**

# University Process



- Activity reports (with total hours and dollars based on documented payrolls) sent to PI from Sponsored Projects for after-the-fact activity reporting and signature
- Signed activity reports and narrative reports submitted to Program Coordinator by PI
- All budget reports and source documentation submitted directly to Program Coordinator by Sponsored Projects
- Quarterly and Final Performance Reports submitted to Program Coordinator by PI

# Non-Profit or Private Entity Process



- All reports, source documentation, reimbursement requests, amendment forms, etc. submitted directly to Program Coordinator

# Report Submission



- Reports, source documentation, forms, etc. must be submitted to the Program Coordinator via electronic mail
- Narrative portions must be submitted in Word format
- Forms requiring signatures may be submitted via fax or scanned PDF

# Site-Visits



- Recommendation from AMS site-visit
- Site-visits will be scheduled prior to March 1<sup>st</sup>
- Site-visits will be completed prior to June 30<sup>th</sup>

# Forms and Contacts



- All forms are be available on-line at:

<http://www.azda.gov/ACT/SCBGP.htm>

Lisa James or Ashley Worthington  
Program Coordinators  
Arizona Department of Agriculture  
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Phoenix, Arizona 85007  
Phone: 602-542-3262 or 602-542-0972  
Toll Free: 800-294-0308  
Fax: 602-364-0830  
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# QUESTIONS?

